

FEB-17-2006 10:21

MOTOROLA CHS LAW DEPT

2153231300

FEB 17 2006

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number
BCS03400
(PD05962AM)

In re Application of Robert Uskali et al
 Application Number 09/837,526 Filed April 18, 2001
 For Improved Cable Channel Search Systems
 Group Art Unit Examiner Unknown

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows: (check time period desired):

<input type="checkbox"/>	One Month (37 CFR 1.17(a)(10))	\$120.00	\$
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$450.00	\$
<input checked="" type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$1020.00	\$ 1020
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$1590.00	\$
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$2160.00	\$

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number 502117. The Deposit Account Name is Motorola, Inc.

I have enclosed a duplicate copy of this sheet.

I am the:

Applicant/inventor
 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
 Attorney or agent of record (Registration No.: 44,489)
 Attorney or agent under 37 CFR 1.34(a)
 Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

2/15/01

Date

E. T. Cullen

Signature

215-323-1797

Telephone Number

Lawrence T. Cullen

Type or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required, see below.

Total of 1 form(s) are submitted

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

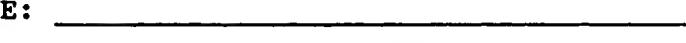
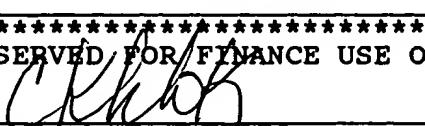
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PAGE 9/11 * RCV'D AT 2/17/2006 10:19:45 AM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/28 * DNI:2738300 * CSID:2153231300 * DURATION (mm:ss):03:06

Adjustment date: 09/15/2006 CKHLOK
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 03 FC:1253 1020.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>09/14/06</u>		2 Serial/Patent # <u>09/837,526</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	IFW	02/17/06	\$ 1,020.00
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 1,020.00	
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment		9	5 0 -- 2 1 1 7
<input checked="" type="checkbox"/>	No Fee Due (Explanation): OUTSIDE MAXIMUM PERIOD OBTAINABLE			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Patricia Faison-Ball</u>		TITLE: <u>Attorney</u>		
SIGNATURE: 		PHONE: <u>2-3212</u>		
OFFICE: <u>PETITIONS</u>		*****		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: 		DATE: <u>9/15/06</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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Crystal Park One, Room 802B